

(10) **Patent No.:** US 9,463,089 B2
(45) **Date of Patent:** Oct. 11, 2016

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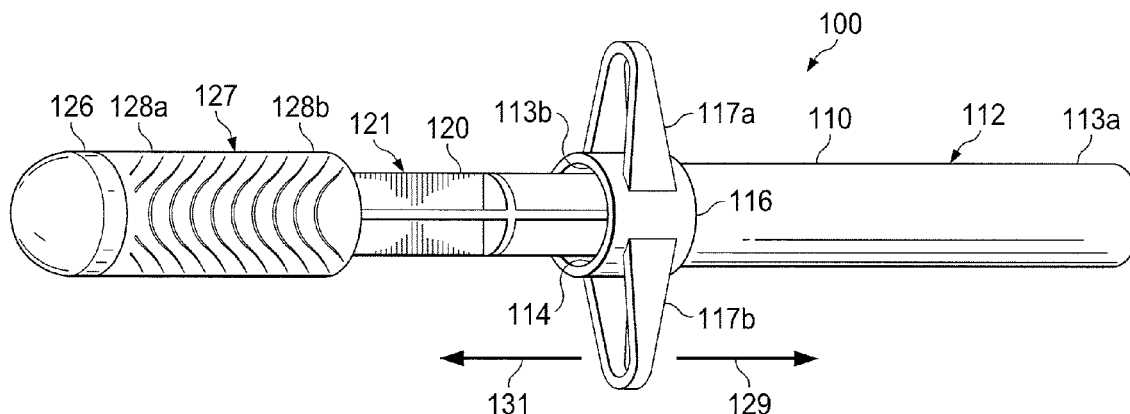
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- (57) **ABSTRACT**

Various systems, apparatuses, and processes may be used for intraocular lens surgery. In particular implementations, a system for intraocular lens surgery may include a shell, a plunger, and a deformable sleeve. The shell may, for example, include an outer wall and an inner wall, wherein the inner wall defines a passage through the body. The plunger may be adapted to move within the passage and include first end adapted to be engaged by a user for advancing the plunger within the passage and a second end adapted to interface with an intraocular lens. The deformable sleeve may be sized to fit around the plunger and adapted to engage with the shell and the plunger to provide force feedback to advancing the plunger through the passage.

20 Claims, 4 Drawing Sheets



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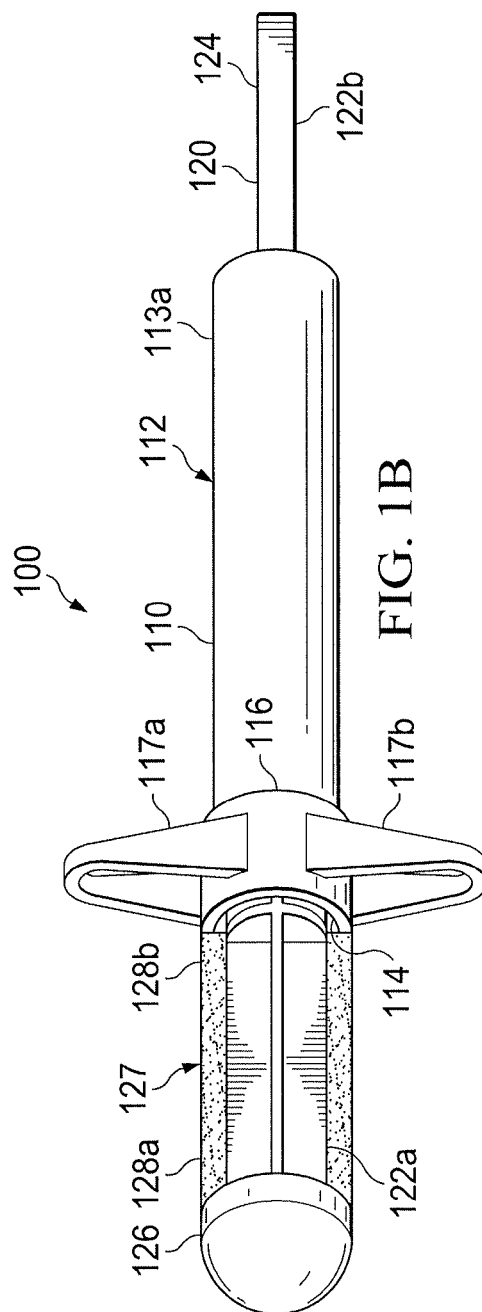
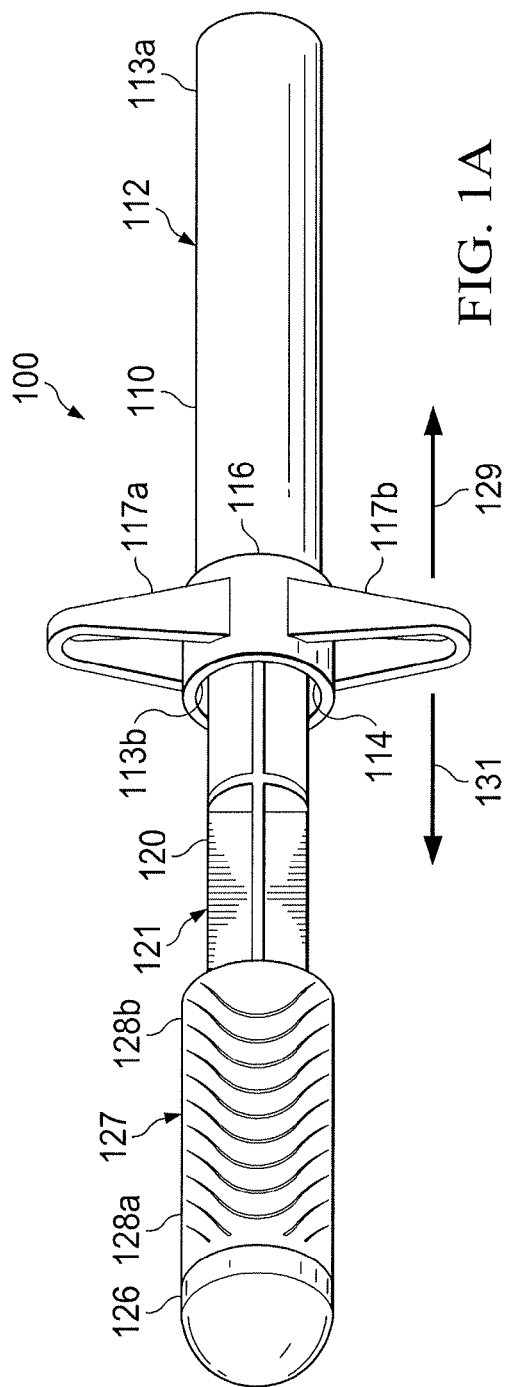
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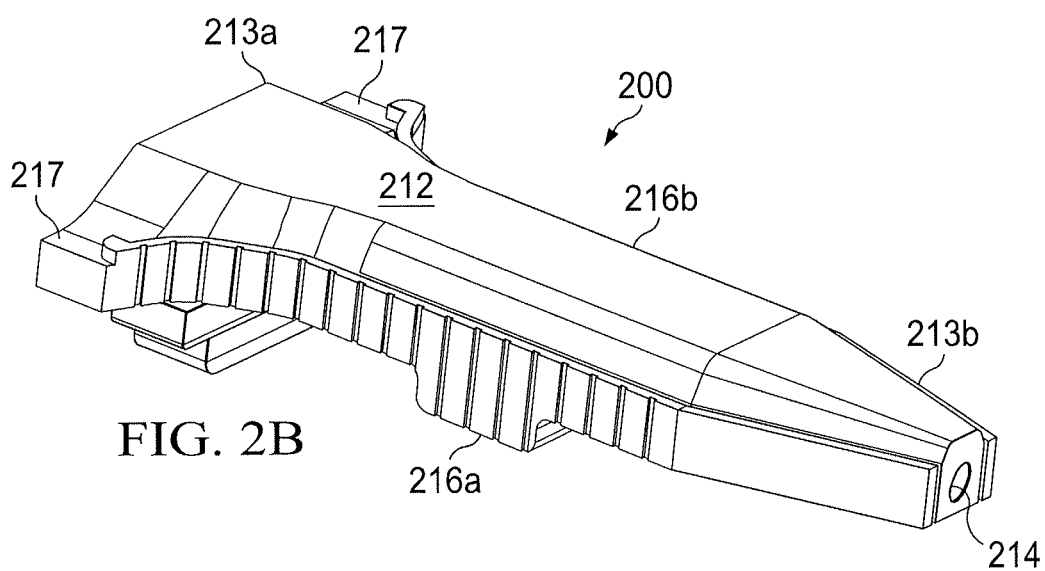
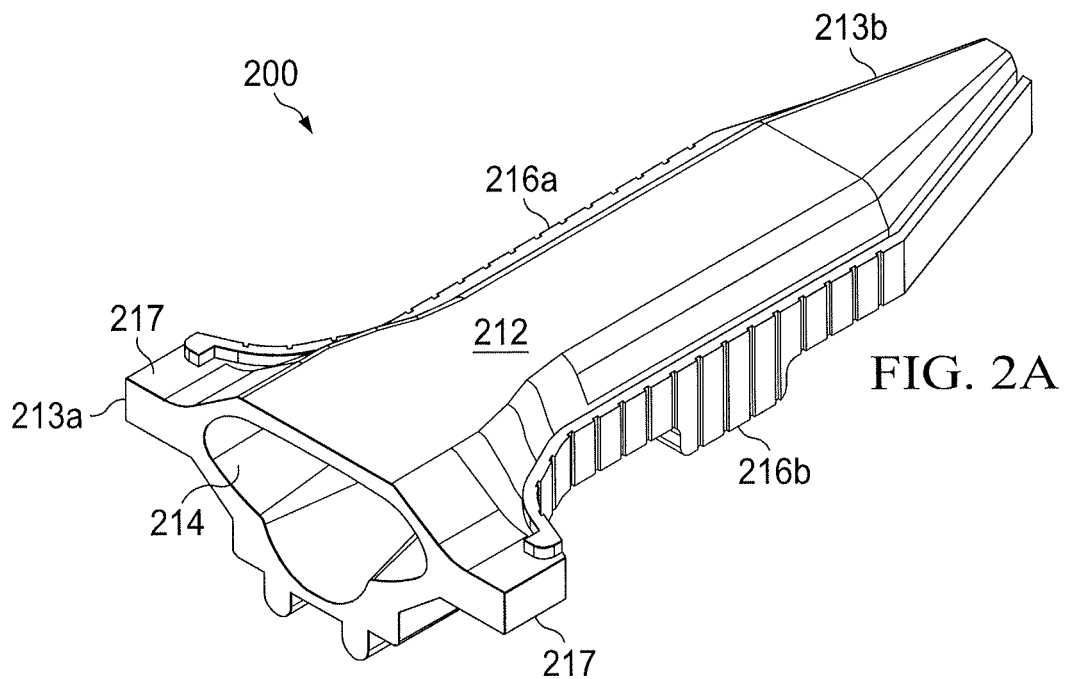
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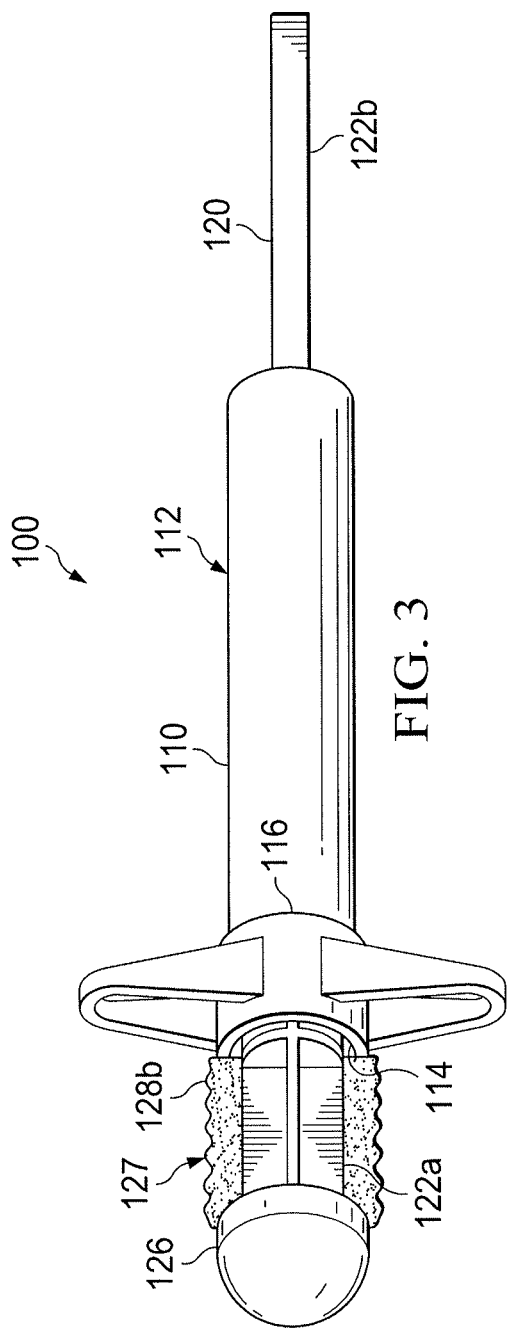
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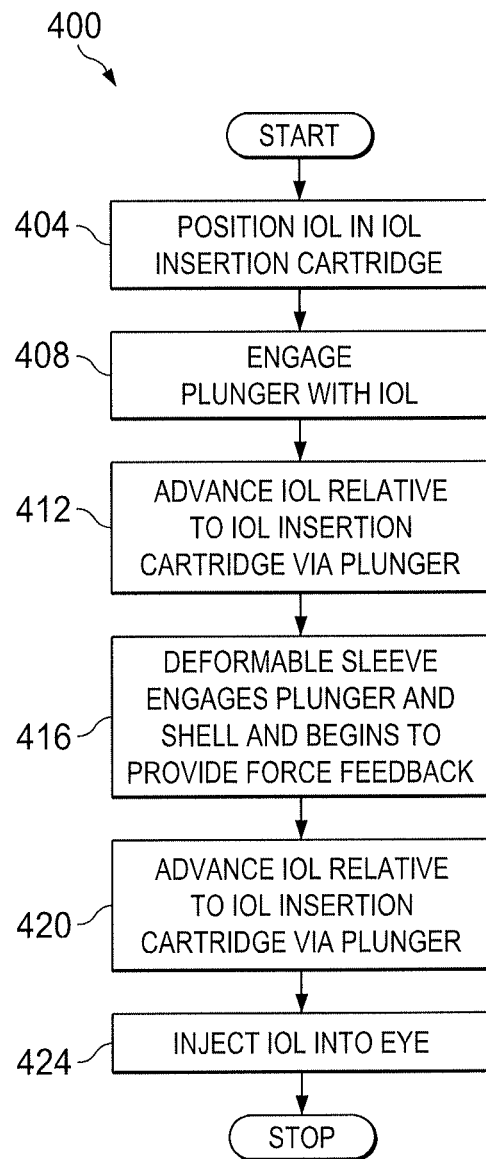


FIG. 4

1

PLUNGER SYSTEM FOR INTRAOCULAR LENS SURGERY

BACKGROUND

The present disclosure relates to optical surgery, and more specifically to surgical replacement of a patient's lens.

The human eye, in simple terms, functions to provide vision by transmitting and refracting light through a clear outer portion called the cornea and focusing the image by way of the lens onto the retina at the back of the eye. The quality of the focused image depends on many factors including the size, shape, and length of the eye, and the shape and transparency of the cornea and lens.

When trauma, age, or disease causes the lens to become less transparent, vision deteriorates because of a reduction in light transmitted to the retina. This deficiency in the eye's lens is medically known as a cataract. The treatment for this condition is often surgical removal of the lens and implantation of an artificial lens, typically termed an intraocular lens (IOL).

An IOL is often foldable and inserted into the eye through a relatively small incision by being advanced through an IOL insertion cartridge, which causes the IOL to fold. The IOL is typically advanced through the insertion cartridge by a plunger-like device. Unfortunately, as the lens is inserted, the forces that the physician is required to exert on the plunger to move the lens can change drastically (e.g., sudden large decreases) and cause the IOL to suddenly shoot into the eye, which can cause improper IOL placement and damage to eye tissue.

In order to deter uncontrolled plunger advancement rate, some IOL injector systems utilize a metal spring that becomes compressed as the plunger advances. Thus, as the IOL get closer to the injection point into the eye, there is a resistive force from the spring, which can provide a reaction force that opposes force changes from the IOL. Other IOL injector systems may use interference fits between components to influence the rate of plunger advancement.

SUMMARY

In one general implementation, a system for intraocular lens (IOL) surgery may include a shell, a plunger, and a deformable sleeve. The shell may include an outer wall and an inner wall, wherein the inner wall defines a passage through the body. The plunger may be adapted to move within the passage and include a first end adapted to be engaged by a user for advancing the plunger within the passage and a second end including an intraocular lens interface. The deformable sleeve may be sized to fit around the plunger and be adapted to engage with the shell and the plunger to provide force feedback to advancing the plunger through the passage. The deformable sleeve may, for example, be composed of silicone.

In certain implementations, the deformable sleeve is engaged with the plunger and moves therewith while not engaged with the shell. The deformable sleeve may, for example, be adapted to engage with the outer wall of the shell as the plunger is moved through the passage. As another example, the deformable sleeve may be adapted to engage with the inner wall of the shell as the plunger is moved through the passage.

In some implementations, at least a portion of the deformable sleeve is engaged with the shell, and the deformable sleeve engages with the plunger as the plunger is advanced

2

through the passage. The deformable sleeve may, for example, be engaged with the inner wall of the shell.

In particular implementations, the deformable sleeve is adapted to substantially maintain its shape if advancement force on the plunger is lowered. The shape maintained by the deformable sleeve being the shape at the instant the advancement force is decreased.

Some implementations may include an insertion cartridge that includes a portion adapted to fold an intraocular lens as it passes therethrough. The deformable sleeve may be adapted to begin providing force feedback when the intraocular lens is in the folding portion.

Another aspect of the disclosure includes a method including engaging a plunger with an intraocular lens; moving an end of the plunger towards a shell to advance the intraocular lens relative to an intraocular lens insertion cartridge; engaging a deformable sleeve disposed around the plunger with the shell and the plunger, the engaged deformable sleeve providing force feedback to advancement of the plunger relative to the shell; and advancing the IOL relative to the IOL insertion cartridge with the deformable sleeve providing force feedback. The method may also include positioning the intraocular lens in the insertion cartridge. The method may also include injecting the intraocular lens into an eye. Additionally, the method may include decreasing the force applied to move the plunger towards the shell, such that the deformable sleeve substantially maintains its shape so as not to cause the plunger to rebound away from the shell.

Various implementations may include one or more features. For example, a plunger-type insertion system may provide force feedback as an IOL is prepared for insertion into an eye, which may assist in negating sudden changes in resistance of the IOL and uncontrolled plunger advancement. Moreover, the feedback may occur automatically, with no end user actions, which can ease burden on the user. Additionally, in some implementations, a user can reduce the force being applied to the plunger (e.g., to manipulate another instrument) without the plunger rebounding out of the shell.

The details and features of various implementations will be conveyed by the following description, along with the drawings.

BRIEF DESCRIPTION OF THE SEVERAL VIEWS OF THE DRAWINGS

FIG. 1A shows an example plunger system for intraocular lens surgery in a retracted position.

FIG. 1B is a partial cross-sectional view of the example plunger system of FIG. 1A in a retracted position.

FIGS. 2A-B show an example intraocular lens insertion cartridge.

FIG. 3 is a partial cross-sectional view of the example plunger system of FIG. 1A in which a sleeve has undergone deformation.

FIG. 4 is a flowchart illustrating an example process for intraocular lens surgery.

DETAILED DESCRIPTION

FIGS. 1A-B illustrate an example plunger system **100** for intraocular lens (IOL) surgery. Plunger system **100** includes a shell **110** and a plunger **120**, which is adapted to move within shell **110**.

Shell **110** includes a body **112** that has an outer wall **113a** and an inner wall **113b**, the inner wall defining a passage **114**

through the body. As illustrated, body **112** is generally cylindrical in shape, and so is passage **114**. In other implementations, body **112** and passage **114** may have cross-sectional shapes other than circular (e.g., oval or any other suitable shape). Shell **110** may also include an annular ring **116** that extends from body **112**. Annular ring **116** may include a pair of wings **117a**, **117b** sized to allow a user (e.g., physician or other medical professional) to manually grasp the wings **117a**, **117b** (e.g., with a pair of fingers) and, hence, the system **100**. Shell **110** may be made of plastic, metal, or any other appropriate material.

Plunger **120** includes a body **121** and has a first end **122a** and a second end **122b**. As illustrated, first end **122a** is sized to fit inside passage **114** while still allowing plunger **120** to move relative thereto. Second end **122b** is opposite first end **122a** and includes an IOL interface **124**. Body **121** may be made of plastic, metal, or any other appropriate material.

IOL interface **124** is operable to interface with an IOL and advance the IOL through an IOL insertion cartridge. IOL interface **124** may, for example, include a body having a first end and a second end. The first end may include a port into which an end of body **121** may be inserted. In the illustrated implementation, IOL interface **124** is rectangular in cross section. However, IOL interface **124** may have other cross-sectional shapes in other implementations. For example IOL interface **124** may have cross-sectional shapes such as oval, ellipsoidal, or any other desired shape. Further, in some implementations, IOL interface **124** may be approximately 2-3 mm in width. IOL interface **124** may be made of an elastomer, such as a commercial injection-molded elastomer; a polymer, such as polypropylene or styrene; metal; or any other appropriate material.

First end **122a** may generally taper to the shape of IOL interface **124**, or there may be a distinct transition from the shape of first end **122a** to the shape of IOL interface **124**. In particular implementations, IOL interface **124** may not be integral with plunger **120**. For example, IOL interface **124** may be an attachable tip.

Plunger **120** may include an annular ring **126** that extends from body **121** at end **122a**. Annular ring **126** may assist a user (e.g., physician or other medical personnel) in manipulating plunger **120** to advance it through shell **110**. For example, the annular ring may provide a base at which a digit (e.g., a thumb) may apply force to plunger **120** to advance it through shell **110**.

Plunger **120** also includes a sleeve **127** disposed around at least a portion of body **121**. The sleeve **127** may be formed from a deformable material **127** that is adapted to decrease the rate at which plunger **120** can advance as end **122b** moves through a more resistive portions of a delivery system. For example, a more resistive portion of a delivery system may include a passage having a reduced cross-section. Further, in some implementations, as the plunger **120** is advanced, the sleeve **127** may deform to create resistance to the advancement. The sleeve **127** may prevent uncontrolled advancement of the plunger.

Further, although the illustrated example system **100** includes a sleeve **127** formed from the deformable material, the disclosure is not so limited. Rather, the deformable material may be formed into any suitable shape or form that is operable to provide the resistance to advancement of the plunger **120** through the shell **110**, as described below. Therefore, while sleeve **127** is described, other configurations of the deformable material may be used and are within the scope of the disclosure.

The sleeve **127** may include a first end **128a** and a second end **128b**. The sleeve **127** may be coupled to the body **121**,

such that the body **121** and the sleeve **127** are moveable together. In operation, as the plunger **120** is moved relative to the shell **110**, such that the plunger **120** is moved in the direction of arrow **129**, the sleeve **127** engages the shell **110**. For instance, the second end **128b** of the sleeve **127** may engage an exterior of the shell **110**, such as an end surface of the annular ring **116**. In other implementations, a portion of the sleeve **127** may be received within the shell **110** between the plunger **120** and the shell **110**.

Upon engaging the shell **110**, the sleeve **127** may be deformed as the plunger **120** continues to be advanced in the direction of arrow **129** relative to the shell **110**. Deformation of the sleeve **127** continues as the end **122a** approaches the shell **110**. Deformation of the sleeve **127** may occur in any suitable manner. For example, the sleeve **127** may deform by wrinkling, bulging, compressing, and/or any other way. In certain implementations, sleeve **127** may include features to assist in its deformation. For example, in some instances, the sleeve **127** may include cavities, protuberances, grooves, fold lines, etc., to promote deformation thereof.

The deformable material of sleeve **127** may be any suitable material or combination of materials. For example, the deformable material may be dense foam, gel, or silicone. Dense foam may, for example, compress (e.g., due to air being squeezed out of its air pockets) as it is squeezed between plunger **120** and shell **110**. Gel or silicone would be reformed as they are squeezed. The sleeve **127** may generally be adapted to any push-type injection design. Further, in some implementations, the sleeve **127** may have an ergonomic shape.

The sleeve **127** may, for example, be made separately from plunger **120** and then slipped over its body **121**. In certain implementations, the sleeve **127** may be overmolded onto the plunger **120**. In some instances, one or more portions of the sleeve **127** may be adapted to deform. In other instances, the sleeve **127** may be adapted to deform over its entire length. Further, in some instances, the sleeve **127** may be adapted to deform over a defined range. For example, in some instances, the sleeve **127** may deform over a range of 7-9 mm. In other instances, sleeve **127** may deform over a range up to 15 mm or more. However, these ranges are provided only as examples, and the sleeve **127** may be adapted to deform over any desired range.

The point at which the sleeve **127** may begin to provide force feedback may be defined. For example, advancement of an IOL through a tip of an IOL insertion cartridge, such as the IOL insertion cartridge shown in FIGS. 2A-2B, is typically when the most force is applied by the user because of the amount of work needed to conform the IOL to the tip. However, this is often where force changes occur rapidly, because, once the IOL has conformed to the tip of an IOL insertion cartridge, the force feedback from the IOL may drop drastically. Thus, by properly sizing the length of the sleeve **127**, deformation of the sleeve **127** may begin to provide force feedback at or near the point where the IOL enters the tip of an IOL insertion cartridge. In other implementations, the length may be adjusted to begin providing force feedback at various other points along the travel of the plunger **120**.

In certain modes of operation, end **122a** of plunger **120** is retracted from shell **110** at the beginning of use, as shown in FIG. 1A. Then, system **100** is engaged with an IOL insertion cartridge, and plunger **120** is advanced to move IOL interface **124** into the insertion cartridge. IOL interface **124** can then engage an IOL located within the IOL insertion cartridge.

FIGS. 2A-B illustrate an example IOL insertion cartridge 200. IOL insertion cartridge 200 facilitates the insertion of an IOL into a patient's eye. IOL insertion cartridge 200 includes a body 212 that has ends 213a, 213b and a passage 214 through the body. A foldable IOL may be advanced through the passage 214, such as during surgery. The foldable IOL, which may be made of silicone, soft acrylics, hydrogels, or other appropriate materials, may be advanced by the IOL interface 124 through passage 214 in preparation for insertion into the eye. IOL insertion cartridge 200 also includes sides 216a, 216b, which assist in grasping the IOL insertion cartridge 200. Sides 216a, 216b may taper outward to form wings 217a, 217b, which also assist in grasping the IOL insertion cartridge 200.

Passage 214 may have an asymmetric bore at end 213a, which assists in folding an IOL. A common IOL may be approximately 6 mm in diameter, and with haptics can be up to around 13 mm in overall length. However, surgical incisions are typically much smaller (e.g., 2-3 mm in width). An IOL is, therefore, typically folded before insertion through the incision. Passage 214 may also taper along its length to an elliptical bore at end 213b to assist in folding an IOL. Thus, as an IOL is advanced through passage 214, the IOL is folded due to the shape of the passage 214. The end of the passage 214 may be the injection point through which the lens is inserted into an eye. Typically, larger forces occur as the IOL nears end 213b of the IOL insertion cartridge 200 due to the IOL being folded substantially therein.

In certain implementations, IOL insertion cartridge 200 may be molded as a single piece from any suitable thermoplastic. For example, in some instances, the IOL insertion cartridge 200 may be formed from polypropylene. However, the disclosure is not so limited, and the IOL insertion cartridge may be formed from any suitable material. In some implementations, the material forming the IOL insertion cartridge 200 may contain a lubricity enhancing agent.

Although FIG. 2 illustrates one implementation of an IOL insertion cartridge, other implementations may include fewer, additional, and/or a different arrangement of components. In some implementations, for example, body 210 may not include wings 217. Additionally, passage 214 may have a symmetrical bore. For example, the passage 214 may have a round or elliptical bore.

Returning to system 100, as end 122a of plunger 120 is moved toward shell 110, IOL interface 124 advances an IOL through the IOL insertion cartridge, such as IOL insertion cartridge 200. As end 122a is moved toward shell 110, second end 128b of sleeve 127 engages a portion of shell 110, as shown in FIG. 1B. As mentioned previously, this may, for example, be defined so as to occur when the IOL is entering or in the tip of an IOL insertion cartridge.

When the second end 128b of sleeve 127 engages shell 110, sleeve 127 may begin to provide force feedback to the user. As the user continues to advance end 122a toward shell 110, deformation of the sleeve 127 may provide additional force feedback. If the amount of force feedback being provided by the IOL should suddenly decrease, sleeve 127 may continue to provide force feedback, although possibly at a lower level than that of the IOL and the sleeve 127 combined. Consequently, the resistance provided by deformation of the sleeve 127 prevents a sudden advancement of the plunger 120 and, thereby, prevents the folded IOL from being rapidly introduced into the eye. Thus, the sleeve 127 aids in preventing injury to the eye. Further, the resistance provided by deformation of sleeve 127 provides for

enhanced control of the IOL folding and insertion process, particularly when resistance due to folding of the IOL ceases.

FIG. 3 illustrates an example deformation for sleeve 127. As illustrated, first end 122a of plunger 120 has been advanced towards shell 110 beyond the point at which second end 128b engages the shell 110, which causes plunger 120 to advance further through passage 114 and moves second end 122b away from shell 110. Because of this advancement, sleeve 127 is compressed between annular ring 126 and annular ring 116. Compression of the sleeve 127 causes dimensions of the sleeve 127 to alter. For example, in the illustrated example, the compression of sleeve 127 has caused the cross-sectional width of the sleeve 127 to increase and its outer surface to wrinkle or otherwise distort.

In certain implementations, the cross-sectional size of sleeve 127 may not appreciably change due to compression. This may, for example, occur if the sleeve 127 is made of foam. Additionally, in some implementations the sleeve 127 may bulge (e.g., along its surface) or otherwise distort while being deformed by compression.

In some implementations, a reduction in the amount of force being applied to advance plunger 120 through passage 114 may cause the sleeve 127 to retain its then-current shape. Thus, the plunger 120 may remain in its current position even if a decrease in advancement force occurs, which may prevent the user from having to constantly apply a particular force to prevent the plunger 120 from retracting from shell 110. In certain implementations, the sleeve 127 may maintain its shape even if the amount of advancement force is reduced to zero. Thus, the plunger 120 may remain at the same location relative to the shell 110 after removal of the advancement force as the location occupied just prior to removal of such force. This characteristic allows the user, for example, to remove or otherwise reposition his hand relative to the plunger 120 without concern for the plunger 120 retracting from the shell 110 in the direction of arrow 131 (shown in FIG. 1A). In some implementations, the sleeve 127 may expand after a user reduces the amount of advancement force being applied. However, any such expansion may be a relatively small amount.

System 100 provides a variety of features. For example, system 100 allows an insertion system to provide force feedback as an IOL is prepared for insertion into an eye. This may assist in counteracting sudden changes in resistance of the IOL and uncontrolled advancement, which can result, and avoid improper insertion of the IOL and damage to eye tissue. Moreover, the feedback may occur automatically, with no end user actions, which can ease burden on the user.

Additionally, as opposed to devices utilizing springs to provide resistance to advancement of the plunger, system 100 can allow a user to reduce the force being applied to the plunger 120 without fear of the plunger rebounding out of or retracting from the shell. For example, a user may release or otherwise reduce an applied force to the plunger 120 in order to manipulate another instrument. In contrast, a compressed spring, by design, provides a reaction force requiring the user to continually exert an equal and opposing force to prevent an undesirable retraction of the plunger during delivery of the lens. Thus, any reduction in force causes the plunger to rebound out of or retract from the shell as a result of the force of the spring. Moreover, the sleeve 127 may provide a more glove-friendly system as compared to a spring system, which can snag and tear surgical gloves.

Furthermore, the sleeve 127 may be easy to manufacture and very reliable. IOL injection systems that use interference

fits between components to influence the rate of plunger advancement can provide be very erratic in practice, and the tight dimensional tolerances require increased manufacturing costs. Moreover, tight control of manufacturing processes over time is also required in order to maintain the product dimensional specifications, further increasing manufacturing costs.

System **100** is also generally usable with pre-loaded and manually loaded IOL insertion cartridges. Moreover, the tips of the cartridges may have various shapes. For example, cartridge tips may have an oval, circular, elliptical, or any other suitable shape. Generally, a cartridge tip may have an oval, circular, or elliptical shape as these shapes are highly compatible with the incision formed in the eye.

Although FIGS. 1A-B illustrate one implementation of a plunger system for IOL surgery, other implementations may include fewer, additional, and/or a different arrangement of components. For example, a plunger system may not include annular ring **116** or annular ring **126**. In such examples, the sleeve **127** may be compressed between different features of the plunger system. As another example, body **121** may not be a cylinder. For instance, body **121** could be a cylinder. As a further example, IOL interface **124** may not be rectangular in cross section. For example, in some instances, the IOL interface may have an elliptical, oval, or any other suitable shape.

In certain implementations, sleeve **127** may be located at other areas of plunger system **100**. For example, sleeve **127** could be located away from end **122a**. For example, in some instances, the sleeve **127** may be located at a position toward end **122b**. As another example, some or all of sleeve **127** could be located inside shell **110**. In particular implementations, the sleeve **127** may be around the plunger **120** (e.g., when some or all of the deformable material is located inside the shell), but not engage the plunger **120** until it has been advanced. In some implementations, sleeve **127** may have an accordion design, and the inside of shell **110** may assist in ensuring the sleeve **127** folds in a desired manner.

In certain implementations, plunger system **100** may be designed for a single use. For example, sleeve **127** may be retained within shell **110** as plunger **120** advances so that the deformable material cannot retract.

FIG. 4 illustrates an example process **400** for using a plunger system for intraocular lens surgery. Process **400** may, for instance, be performed using a plunger system similar to plunger system **100**.

Process **400** includes positioning an IOL in an IOL insertion cartridge (operation **404**). The IOL insertion cartridge may, for example, be similar to IOL insertion cartridge **200**.

Process **400** also includes engaging a plunger of a plunger system with the IOL (operation **408**). The plunger may, for example, be engaged with the IOL by advancing the tip of the plunger until it touches the IOL.

Process **400** further includes advancing the IOL relative to the IOL insertion cartridge using the plunger (operation **412**). For example, the plunger may be advanced relative to the shell of the plunger system, which may move the IOL in the IOL insertion cartridge. The IOL may be folded by advancement through the IOL insertion cartridge.

As the IOL is moved relative to the IOL insertion cartridge, a deformable sleeve around the plunger may engage the plunger and the shell. As the plunger is advanced through the shell, the sleeve provides force feedback as the sleeve is compressed or otherwise deformed due to interaction with the plunger and shell (operation **416**). In some instances, the deformable sleeve may be engaged with only one of the

plunger or the shell at the beginning of the advancement and then brought into engagement with the other due to the advancement.

Process **400** also includes further advancing the IOL relative to the IOL insertion cartridge using the plunger (operation **420**). The additional advancement may further fold the IOL and deform the sleeve, which may provide more force feedback.

Process **400** additionally includes injecting the IOL into an eye (operation **424**). For example, the IOL may be injected when it reaches the end of the IOL insertion cartridge.

Although process **400** illustrates one example of a process for using a plunger system for IOL surgery, other processes for using a plunger system for IOL surgery may include fewer, additional, and/or a different arrangement of operations. For example, a process may not include positioning the IOL in the IOL insertion cartridge. The IOL may, for instance, have been pre-positioned in the IOL insertion cartridge. As another example, a process may call for engaging the plunger system with the IOL insertion cartridge.

The various implementations discussed and mentioned herein have been used for illustrative purposes only. The implementations were chosen and described in order to explain the principles of the disclosure and the practical application and to allow those of ordinary skill in the art to understand the disclosure for various implementations with various modifications as are suited to the particular use contemplated. Thus, the actual physical configuration of components may vary. For example, the mentioned size(s) of components and their illustrated sizing relative to each other may vary based on application. Moreover, the shapes of one or more components may vary depending on application. Thus, the illustrative implementations should not be construed as defining the only physical size, shape, and relationship of components.

The terminology used herein is for the purpose of describing particular implementations only and is not intended to be limiting. As used herein, the singular form “a”, “an”, and “the” are intended to include the plural forms as well, unless the context clearly indicates otherwise. It will be further understood that the terms “comprises” and/or “comprising,” when used in the this specification, specify the presence of stated features, integers, steps, operations, elements, and/or components, but do not preclude the presence or addition of one or more other features, integers, steps, operations, elements, components, and/or groups therefore.

The corresponding structure, materials, acts, and equivalents of all means or steps plus function elements in the claims below are intended to include any structure, material, or act for performing the function in combination with other claimed elements as specifically claimed. The description of the present implementations has been presented for purposes of illustration and description, but is not intended to be exhaustive or limited to the implementations in the form disclosed. Many modifications and variations will be apparent to those of ordinary skill in the art without departing from the scope and spirit of the disclosure.

A number of implementations have been described for a plunger system for intraocular lens surgery, and several others have been mentioned or suggested. Moreover, those skilled in the art will readily recognize that a variety of additions, deletions, modifications, and substitutions may be made to these implementations while still providing a plunger system for intraocular lens surgery. Thus, the scope of the protected subject matter should be judged based on the

9

following claims, which may capture one or more concepts of one or more implementations.

The invention claimed is:

1. A system for intraocular lens surgery, the system comprising:

a shell comprising an outer wall and an inner wall, the inner wall defining a passage through the shell;

a plunger adapted to move within the passage, the plunger comprising:

a first end adapted to be engaged by a user for advancing the plunger within the passage; and

a second end comprising an intraocular lens interface; and

a deformable sleeve disposed around the plunger, the deformable sleeve adapted to engage with the shell and the plunger to provide force feedback in response to advancement of the plunger through the passage, the force feedback being too small to cause retraction of the plunger, wherein a distal end of the deformable sleeve is spaced apart along the plunger from the second end of the plunger.

2. The system of claim 1, wherein the deformable sleeve is engaged with the plunger and moves therewith while not engaged with the shell.

3. The system of claim 2, wherein the deformable sleeve is adapted to engage with the outer wall of the shell as the plunger is moved through the passage.

4. The system of claim 2, wherein the deformable sleeve is adapted to engage with the inner wall of the shell as the plunger is moved through the passage.

5. The system of claim 1, wherein at least a portion of the deformable sleeve engages the shell, and the deformable sleeve engages with the plunger as the plunger is advanced through the passage.

6. The system of claim 5, wherein the deformable sleeve engages the inner wall of the shell.

7. The system of claim 1, wherein the deformable sleeve comprises silicone.

8. The system of claim 1, further comprising an injection cartridge comprising a portion adapted to fold the intraocular lens as it passes therethrough, wherein the deformable sleeve is adapted to begin providing force feedback when the intraocular lens is in the folding portion.

9. The system of claim 1, wherein the deformable sleeve includes at least one of: cavities, protuberances, grooves, and fold lines.

10. The system of claim 1, wherein the deformable sleeve engages an annular ring of the outer wall.

11. A system for intraocular lens surgery, the system comprising:

a shell comprising an outer wall and an inner wall, the inner wall defining a passage through the shell;

a plunger adapted to move within the passage, the plunger comprising:

a first end adapted to be engaged by a user for advancing the plunger within the passage; and

a second end comprising an intraocular lens interface; and

a deformable sleeve disposed around the plunger, the deformable sleeve adapted to engage with the shell and the plunger to provide force feedback in response to advancement of the plunger through the passage, wherein a distal end of the deformable sleeve is spaced

10

apart along the plunger from of the second end of the plunger; wherein the deformable sleeve is adapted to substantially maintain its shape if an applied force is removed from the plunger, the shape of the deformable sleeve being the shape at the instant the applied force is removed.

12. A method comprising:

engaging a plunger with an intraocular lens;

moving a first end of the plunger towards a shell to advance the intraocular lens relative to an intraocular lens insertion cartridge, the shell comprising an inner portion and an outer portion;

engaging a deformable sleeve with the outer portion of the shell and the plunger, the deformable sleeve being spaced apart along the plunger from a second end of the plunger, the second end comprising the intraocular lens insertion cartridge, the engaged deformable sleeve providing force feedback to advancement of the plunger relative to the shell, the force feedback being too small to cause retraction of the plunger; and

advancing the IOL relative to the IOL insertion cartridge with the deformable sleeve providing force feedback.

13. The method of claim 12, further comprising positioning the intraocular lens in the insertion cartridge.

14. The method of claim 12, further comprising injecting the intraocular lens into an eye.

15. The method of claim 12, further comprising decreasing the force applied to move the plunger towards the shell, wherein the deformable sleeve substantially maintains its shape so as not to cause the plunger to rebound away from the shell.

16. The method of claim 12, wherein compression of the deformable sleeve squeezes air out of pockets of the deformable sleeve.

17. The method of claim 12, wherein a distal end of the deformable sleeve is located away from a proximal end of the plunger.

18. A system for intraocular lens surgery, the system comprising:

a shell comprising an outer portion with an outer wall and comprising an inner wall, the inner wall defining a passage through the shell;

a plunger adapted to move within the passage, the plunger comprising:

a first end adapted to be engaged by a user for advancing the plunger within the passage; and

a second end comprising an intraocular lens interface; and

a deformable sleeve spaced apart along the plunger from the second end of the plunger, the deformable sleeve adapted to engage with the outer portion of the shell and the plunger to provide force in response to advancement of the plunger through the passage, the force feedback being too small to cause retraction of the plunger.

19. The system of claim 18, wherein a distal end of the deformable sleeve is proximal to the second end of the plunger.

20. The system of claim 18, wherein the deformable sleeve is adapted to engage an annular ring of the outer wall of the shell.

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